



Direct Deposit Authorization

Purpose of the Form

- Use this form to authorize the direct deposit of your PERSI benefit payments to a financial institution.

Instructions

- 1 Complete the form.

Note: A designated representative may sign if PERSI has a valid *PERSI Durable Power of Attorney* (RS113) on file.

- 2 Attach a voided check or other document to this page that contains (1) a valid Transit and American Banking Association number of the financial institution and (2) the number of the checking or savings account that you want to use for the direct deposit.
- 3 Send the form to PERSI.

Changing Accounts

- Consider maintaining accounts at both your old and new financial institutions until the transaction is complete (that is, until the new financial institution receives its first benefit payment). The change you are requesting could take up to 30 days to become effective.

Member Information				
Name First		Middle	Last	Social Security Number
Mailing Address	Street or P.O. Box			
	City	State	Zip Code	
Daytime Phone Number				
Area Code		Phone Number		

Financial Institution Information
Name of Financial Institution

Member Acknowledgment	
<p>PERSI is authorized and directed to deposit the net amount of my benefit payments by electronic funds transfer directly to my account at the financial institution named above. This supersedes any previous instructions until canceled by me in writing.</p> <p>I authorize and direct the financial institution to immediately refund any overpayments to PERSI (including any benefit payments made on or after my death), and to charge the same to the named account. PERSI's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments, I authorize and direct the financial institution to provide to PERSI all information related to the account beginning with the month in which my death occurs, including all transactions, and the names and addresses of all joint account holders and any individuals with power of attorney, as designated on the <i>PERSI Durable Power of Attorney</i> (RS113), to withdraw funds from the designated account.</p> <p>I agree that jurisdiction over any collection actions related to the recovery of any funds transferred to the designated account by PERSI will be exclusively in the courts of the State of Idaho.</p>	
Signature	Date

